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Lecture.

ON METAL THERAPEUTICS.

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Gentlemen:—Some two years ago, in looking up the subject of delusions and impostures, I came across a matter which, for the time, interested me, and which I made the subject of several experiments. This was the metal-cure, invented or discovered by Dr. Burq, of Paris. Allow me to read to you a few lines from a little work* I then published, which show what my impressions of this new system of therapeutics were at that time, and which also describe its general characteristics.

"In 1847, Dr. Burq, as he says, noticed, when he was mesmerizing a patient for hysteria and phthisis, in the hospital Beaujon, that as often as she was thrown into a mesmeric sleep the direct contact of certain metals was insupportable, while that of others was agreeable to the touch, or at least caused no signs of repugnance. If, for instance, he suddenly placed a piece of copper, iron or steel on her bare hand, or any other part of her body, she instantly, and sometimes in the midst of apparently the deepest sleep, repelled it roughly, often with an appearance of suffering, or even of anger, if the experiment was repeated too frequently. If a key, or a shovel, or iron tongs were placed upon her bed, near enough to her to make their influence felt, she instantly discovered them and got rid of them, either by a sudden movement, if the object was not fixed or large, or with her hand covered previously with something to insulate it, when a greater or more direct effort was required. The latter precaution was always carefully taken when, in order to open a door in her sleep-walking, she was under the necessity of slowly turning the key or the handle of the lock.

"If, however, gold or silver were placed in her hands, she showed much pleasure in handling them, provided the gold, and especially the silver, was not much alloyed with copper. If it were, her repugnance was in direct ratio to the extent of the debasement of the precious metal.

"Dr. Burq was much astonished at these results, though the exhibition of pleasure in handling gold or silver is no very unusual phenomenon. He determined, therefore, to investigate further, and accordingly performed the following experiment:—

"The patient being mesmerized, and her insensibility perfectly proved by a pin being stuck into her skin, he repeatedly applied to different parts of her body different pieces of money of nearly equal size. With the copper coins a few seconds were sufficient to restore sensibility, first in the parts touched by the metal, and then in the surrounding parts; whereas with the gold and silver nothing of the kind took place, except when, instead of the silver coin, he substituted another piece of the same metal, of inferior value by being an alloy.

* "Spiritualism and Allied Causes and Conditions of Nervous Derangement." New York, 1876, p. 168.

"The patient died a few days afterward, before Dr. Burq could draw any decided conclusion, but he resolved, in spite of many difficulties, to pursue the investigation further, and in the course of three years built up the system of practice which he called 'metal cure.' He asserted that cases of anæsthesia, cramps, paralysis, etc., were cured by different metals, especially if the patient were hysterical. Epilepsy he could not manage at all. Brass was found a very efficacious metal in the treatment of hysteria; the mental quality which goes by that name is also valuable to the practitioner in like cases, and Dr. Burq appears to have had a good stock of both. But, notwithstanding the publication of remarkable results, the metal cure made little headway, and is now almost forgotten; and yet its efficacy is attested by as good evidence as any yet adduced in favor of mesmerism or spiritualism."

Now, as I have said, I performed, two years ago, a number of experiments according to Dr. Burq's method; but as they led to no different results from those I am about to show you, I let the matter drop, placing the whole system in the category with the "metallic tractors" of Perkins, the "powder of sympathy" of Sir Kenelm Digby, the "od force" of Reichenbach, and numerous other delusions of like character which have from time to time obtained a false position, to be overwhelmed by scientific investigation. You may judge, then, of my surprise to learn, a few months since, that so able and learned a physician as M. Charcot, of Paris, had become a convert to Dr. Burq's metal therapeutics, and was curing cases of hystero-epilepsy by placing bands or plates of brass or copper on the bodies and limbs of the afflicted patients of the Salpêtrière. Before, however, considering these and my own results more at length, let me explain to you a little more fully Dr. Burq's method of procedure. The source of my information is a translation, by Dr. Elliotson, of a paper furnished for a very remarkable periodical* he edited several years ago. I find that Dr. Burq submitted several communications to the French Academy of Medicine, which were referred to a commission, for inquiry and report, but after a careful search through the *Bulletin de l'Academié de Médecine*, I have been unable to find that any report was ever made; and Dr. Burq admits that when he came to exhibit his system to the Commission he obtained nothing but failures, although he had the advantage of selecting the cases he deemed most suitable for a display of its power. And at the séance of November 14th, 1854,* he withdrew two letters which, in 1852 and 1853, he had addressed to the Academy relative to the use of metals as preventives and curatives of cholera morbus.

"All affections of the nervous system," says Dr. Burq, "are characterized either by, 1, the absence of anæsthesia and amyosthenia (loss of the power of motion), or 2, the presence of these conditions"—a truism admitting of no dispute. And he concludes as follows:—

"Hysteria, hypochondriasis, the majority of spasms and neuralgias, or visceralgias, and we may add by anticipation even a certain number of forms of insanity, are only the same affection differently manifested, but every form of which, however diversified, arises from a defect of equilibrium between the healthy promotion and expenditure of the nervous influence. Only two kinds of symptoms constitute them: 1. Negative, or anervous symptoms, arising from the more or less complete absence of the nervous element in the organs which display them. 2. Positive or hypernervous symptoms, which result, on the contrary, from excessive nervous afflux. 3. Anæsthesia and amyosthenia, occupying the highest place among the negative symptoms, may consequently be regarded as a sort of touchstone of the disease, calculated to point out the most suitable means of cure." And from these premises which, to say the least, embody very bad pathology, Dr. Burq concludes further—

"That a nervous affection with anæsthesia and amyosthenia being given, all the treatment consists in discovering an agent or means, whatever they may be (mesmerism, baths, gymnastic exercises, metals, employed internally or externally, etc.), capable of bringing back the sensibility and motility to the natural state.

"The best agent known, the action of which almost never fails, is a metal which is a good conductor of electricity; and that, according to certain affinities still a mystery to us, is in some cases copper, in others steel, in others silver, gold, etc."

The apparatus necessary, according to Dr.

*"*The Zoist*; a Journal of Cerebral Physiology and Mesmerism, and their Applications to Human Welfare." London, July, 1852; October, 1852; and July, 1853.

* *Bulletin de l'Academie de Médecine*, t. xx, p. 193.

Burq, consists of a dynamometer, from twenty-four to forty little plates of all kinds of metals, pure or alloyed, and some pins of platinum and steel. On visiting a patient the sensibility and motility must be first ascertained; the former by pricking the skin with one of the pins, and the latter with the dynamometer. Then one or more of the little plates should be applied, beginning with those of copper or steel, to the parts where the sensibility is most defective, till we arrive at a metal which restores it. Then a ring of the same metal, from three to five inches wide, is to be put around the limb which is most anæsthetic and amyosthenic, and if after an hour or two the patient experiences a sense of tingling on the anæsthetic surface, heat and sweating, and a decided increase in the sensibility and strength, we have only to construct a "general armature," composed of two large rings for each extremity, two large plates for the trunk, and a crown for the forehead (if this latter should be deemed necessary), and we have put our patient in the best possible condition to insure recovery.

These appliances should preferably be put on at bedtime, and should remain two, four, eight, or ten hours, according to the intensity of the effects desired.

By this procedure Dr. Burq asserts that the cramps of cholera, various neuralgias, hypochondriasis, hysteria, amenorrhœa, chlorosis, paralysis, headache, insanity, etc., were effectually cured. Without further alluding to these results, or going into details, permit me to read to you the following report of one of his cases, as an illustration of his method of operating:—

"Hysteria, Chlorosis, Daily Vomiting for Many Months—Rapid Cure with Brass Rings.

"In June, 1850, a young hysterical and chlorotic girl, affected also with anæsthesia, amyosthenia, amenorrhœa, and dyspepsia, was two months in one of Dr. Rostan's wards, vomiting every day almost all the solids and fluids which she was prevailed upon to swallow. Iron, it is remarkable, had been prescribed in vain, as well as many other substances, and only pills of oxide of zinc had appeared to do a little good.

"Chance having led me to examine this patient, the eminent physician of the Hôtel Dieu kindly allowed me to try my treatment. I began by ascertaining the suitable metal, and it proved to be brass, in plates. Afterward the Committee of the Academy, many distinguished physicians, Drs. Jobert (de Lamballe), Hourteloup, Pasquier, Beau, Tardieu, and Gosselin, whom I had assembled to witness the power of the metals on sensibility and motility, and Dr. Rostan himself, and his numerous clinical pupils, had satisfied themselves that this metal, applied experimentally, removed the anæsthesia and analgesia at the spot of its application and nowhere else.

"On the 6th of June, in the evening, I made a general application of brass. The next day general and special sensibility had returned to three-quarters of the surface, and the muscular power had mounted to from ten to sixteen kilogrammes on the right side. The patient was greatly fatigued by the spoliation which the metal had effected, and even in the morning asked for food, and took it with pleasure, and digested it properly.

"In the evening, and on the following days, a fresh application of the brass armature was made at night; and after the second day of the treatment, sensibility and motility having become almost natural, the patient, who has not vomited subsequently to the sixth, is no longer satisfied with the full diet (four portions), and does all sorts of little jobs for the sister of the ward, to gain additional allowance. Five or six days more pass, during which the color of the skin shows a tendency to become natural, and the bellows sound lessens more and more in the two carotids.

"On the 16th and 17th the catamenia, which had been absent several months, returned so abundantly, under the influence of the metal applied to the stomach and lower extremities, that the patient fancied she was flooding.

"On the 18th, sensibility natural; pressure forty kilogrammes. We suspend the use of the metal, and gradually, first the anæsthesia and amyosthenia, then the attacks of indigestion and vomiting returned, and with the latter all the symptoms of chlorosis.

"June 26th. Analgesia of the upper extremities; diminution of taste and smell; pressure by the right hand twenty kilogrammes, instead of forty kilogrammes; weakness of the legs.

"I resumed the metals permanently, and the return of sensibility and motility again preceded the reëstablishment of the digestive functions, and the return of the healthy composition of the blood.

"At the end of two months the patient, being perfectly cured, left the Hôtel Dieu, after

having acted as a servant in the wards for six weeks."

So much for Dr. Burq's original investigations.

During last winter, M. Charcot, of Paris, whom you all know as an eminent neurologist, delivered a lecture on this subject at the great Salpêtrière hospital, in which he announced himself as a believer in Dr. Burq's system, especially in the treatment of hystero-epilepsy. Two new features are declared by M. Charcot to have been discovered by himself: 1. Transfer phenomena are observed, and are said to consist in the transfer of anæsthesia, for instance, from one place on the arm to the exactly corresponding place on the other arm, and all through the influence of the piece of metal applied to the original insensitive surface. 2. The restoration of the faculty of discriminating between colors when this power is lost in hysterical patients. A girl, for instance, who could not tell one color from another, had the perception restored by a piece of gold ring held for a little while on the temple.*

But upon M. Charcot's observations I do not intend to dwell, for they are part of the current medical literature, and you can readily refer to them in the periodicals, should you desire to do so. I think I can show you in a few minutes just how much there is in Dr. Burq's metal therapeutics. You will probably discover that there is a good deal in it, but I scarcely think you will determine that it is exactly what he and M. Charcot declare it to be. I have here a small box containing several sharp needles of gold, steel, and platina, and a number of pieces of metals of various kinds, and of other substances not metallic. Among the metals are gold, silver, copper, steel, brass, zinc, bronze, lead, nickel, platina, tin, etc. Among the non-metallic substances are hard-rubber, wood, ivory, tortoise shell, etc. They are all of the size and shape of a twenty-five cent piece.

Now, I will call in from the waiting-room a female patient, an epileptic, and who is, moreover, strongly hysterical. I will give her to understand that I am about to apply a new system of medical practice, the accounts of which, from Paris, are very strong in its favor, as a curative agent in diseases like hers. I will tell her, that by the application, in a particular way, of a plate of gold to her arm, the nervous system will be so strongly impressed that she will experience very remarkable sensations in the part, and that in a short time thereafter the feeling of that and the neighboring regions will be entirely destroyed. But instead of using a gold disk I will take one of these of tortoise shell or ivory, and you will probably find that all the phenomena I have mentioned will be produced. I may fail, for I have made no experiments on this girl, and it is not every case that is favorable. A fact which Dr. Burq did not fail to remark.

[The patient, a girl of fifteen, now entered the lecture room, and Dr. Hammond, after describing the case to the class, addressed her as above, and then resumed]—

You see, gentlemen, that the sensibility is intact, for when I prick the skin of any part of the left arm, she winces, and the blood flows readily. I now press this little disk [tortoise shell] on the surface of the back of the wrist, and hold it there firmly a few moments. The patient says it begins to feel warm, and that a sensation of heat extends up the arm. In a minute or two longer I think the sensibility will be entirely destroyed, and then I shall stick this steel needle into the arm, and I venture to say she will not feel it.

[The lecturer waits about two minutes, during which time the patient repeatedly calls attention to the fact that she feels queer sensations in the arm. Suddenly she says the feeling is all gone; Dr. Hammond removes the disk of tortoise shell, and thrusts the needle into the arm beneath, to the extent of half an inch. The patient gives no evidence of sensibility, does not appear to know that the skin is pierced. Other punctures are made in various parts of the arm, above and below, and all are anæsthetic.]

You see, gentlemen, that the experiment has entirely succeeded. It would be perfectly easy to get like results from any part of her body. I will now ask her to leave the room while I explain the matter more fully to you.

You have seen what effects were apparently produced by the little tortoise-shell disk, which she took to be gold. I will now show you that when properly managed, exactly opposite effects can be got from the tortoise shell. You can, in fact, make it blow hot and cold with the same breath. I am going now to use the tortoise-

* "Metalloscopy and Metallo-Therapy Applied to the Treatment of Grave Hysteria." December 30th, 1878. London *Lancet*, January 19th, February 2d, and March 2d, 1878.

shell disk on the opposite arm, telling her that it is platina, a metal of which she does not know much, if anything, and that the effect will be to cause pain in the arm, and to make it more than naturally sensitive.

[The patient is again called in, and is told that a platina disk will be applied to the right arm, and that the effect will be to cause intense pain, and to render the arm very sensitive to the prick of the needle. The tortoise-shell disk is placed on the back of the right wrist, and it hardly touches the skin before she begins to complain of shooting pains up the arm, reaching even to the neck. These, as she declares, increase in intensity till the disk, at the end of four minutes, is removed, in order to obviate her sufferings. The skin is now barely pricked with the needle, and she screams with pain. Another patient, a woman suffering from apparent cerebellar disease, is introduced, and like experiments are successfully performed upon her. Dr. Hammond then continues.]

During the last two weeks I have cured several paroxysms of migraine by applying some one of the disks (it does not matter which) to the forehead, and have restored sensibility to a hemi-anæsthetic and hysterical lady by fastening disks of hard rubber to the arm and leg with bands of adhesive plaster, so that she could not see what was underneath. I have not tried to transfer anæsthesia from one side of the body to the other, or to restore the perception of color, but I will show you both these phenomena soon, and probably several others not discovered by MM. Burq and Charcot.

I will show you one of these, and you can practice it on yourselves. Doubtless in some cases it has something to do with the result.

I take this disk (it happens to be copper, but any other will serve the purpose) and press it on the back of the wrist for a few minutes while I go on talking. You will see when I take it off and stick a needle into the skin that the blood does not flow, and I will be able to tell you, with entire truth, that I do not feel any pain or even a sensation from the wound. I confess that when I first did this I was for a moment a little surprised, but I very soon perceived that the anæsthesia was due to the pressure of the substance on the skin, and resulted, no matter of what material the disk was composed, so long as the pressure was sufficiently firm. I now take off the disk and stick this needle through a fold of the skin, and I assure you that if I did not see it, I should not know it was there, from any sensation it causes. I pass round among you several disks and needles, and you may try this interesting but very simple experiment for yourselves.

But to return to our subject as understood by MM. Burq and Charcot. The former thought the results were due to some hitherto unknown quality of the metals; the latter, without being very positive, seems inclined to adopt this view. The principle of suggestive or expectant attention, which I have so often brought to your attention, was not recognized when Dr. Burq first wrote about metal therapeutics; but M. Charcot strongly repudiates the idea that any such factor has aught to do with the results. In this I am quite sure (as doubtless you are also, from what you have just seen) that he is altogether wrong, and that to this principle and to nothing else the results of metal therapeutics are to be ascribed. They are to be placed in the same category with those obtained from the metallic tractors of our countryman Perkins, and which Dr. Haygarth showed followed equally well on the use of wooden tractors painted to look like the metal ones. It is all nothing but suggestive and expectant attention. You tell the patient what she is to expect, and if she has confidence the prediction will be realized, whether it be an increase of strength a restoration of the perception of color, or the production of anæsthesia or hyperæsthesia. Why, there are dozens of cases on record of hysterically paralyzed men and women starting from their beds, or throwing away their crutches, under the influence of the fear of fire, or through the suggestive and expectant attention excited by the Zouave Jacob or our own Newton. We cannot deny these facts, any more than we can deny the facts of MM. Burq and Charcot; but instead of viewing them "unequally," as Czermak puts it, we go a little further than they, and show that it is not from any metallic influence that the phenomena result, but through the operation of a still more remarkable though well recognized principle. We have all seen this power exerted in various ways; we have seen the "biologist" keep the extended arm of his subject in the position in which he has placed it, cause him to taste all kinds of flavors and to experience a dozen different sensations. We have seen rheumatism cured by a piece of sulphur or a horse chestnut kept in the pocket, and even warts charmed away by incantations

of various kinds. The history of medicine abounds with relations of famous systems of cures and wonderful remedies, whose whole power depends upon suggestive and expectant attention. How far the conscientious physician may legitimately use this power, I am not prepared to say. The patient is very apt to think with the Spaniard "*Hagare el milagro si kagalo Mahoma*," let the miracle be done, though Mahomet do it. It is nothing to him whether he be cured by the direct agency of metals applied to his skin or by expectant attention, so long as he is cured; but let us, at all events, understand the matter correctly ourselves.

COMMUNICATIONS.

ON THE TREATMENT OF ENLARGED PROSTATE.

BY WASHINGTON L. ATLEE, M. D.

Read before the Philadelphia County Medical Society, January 23d, 1878.

One of the most troublesome, annoying, and distressing diseases that I have been called upon to treat during a long professional career, and one whose treatment until recently has been most unsatisfactory, has been Enlargement of the Prostate. As this has been the universal experience of the profession, I need not collate and record the past history of the treatment of this malady. So far as a reduction of the size of the gland is concerned, it has been an entire failure. The mechanical obstruction to micturition was considered to be a permanent difficulty, and required mechanical means to overcome it.

Neither need I lengthen this paper by detailing the symptoms of this disease, as every member of this Society must be too familiar with them.

I wish merely to call your attention to a few anatomical, physiological, and therapeutical facts, which led me to institute a rational practice in the treatment of enlarged prostate, and which, I am happy to say, has proved highly satisfactory, and has surprised me in its results. My experience has now extended over several years, and although the success of the practice is, perhaps, not what many could wish, yet it accomplishes results heretofore unknown.

"The prostate is essentially a muscular body, consisting of circular or orbicular involuntary fibres, with one large central hole for the passage of the urethra, and another smaller oblique opening, directed upward below the former, for the transmission of the common ejaculatory seminal ducts to the central urinary canal. . . . .Its circular fibres are directly continuous behind, without any separation, with the circular fibres of the bladder." *Ellis.* "The prostate is thus essentially a circular involuntary sphincter to the neck of the bladder, and expeller of the seminal fluid; but although it contains many mucous glands and follicles, intermixed with muscular fibres, it is by no means entitled to the name of *gland.* It contains, further, a small vesicle or uricle, at the mouth of which the ejaculatory ducts open, and which is believed to be the male homologue of the female uterus." *Dewitt.*

Besides the involuntary muscular tissue which enters into the composition of the prostate itself, the vessels of the gland have also in their coats the unstriped or involuntary muscular fibre. The same exists in the coats of the bladder in a very marked degree.

These involuntary muscular fibres are more or less extensible, and, when normally or abnormally stretched, have an organic tendency to contract. This we see in the uterus, in the bladder, and in the diastole of the vascular system.

Now, these are the anatomical and physiological data on which I propose to base my treatment of enlarged prostate.

Let us further inquire into the pathological condition of this enlarged organ, and its consequent derangements:—

"The affection consists in a hypertrophy or enlargement of the natural muscular structure, and incidentally of the glandular. It may affect the whole organ, especially the lateral lobes, pretty uniformly, in which case the prostatic portion of the urethra is greatly lengthened; or it may affect one side more than the other, in which case the canal will be twisted; or it may affect the posterior median portion, which lies between the ejaculatory ducts, enlarging it into what is commonly called the *middle or third lobe.* . . . . Hypertrophy and derangement of the muscular fibres at and near the *trigone* may produce a transverse bar at the neck of the bladder. The enlargement, further, may be due to an increase of the organ generally; or to the development of one or many masses of fibrous tumor, exactly similar in structure to those connective masses

of muscular fibre which are developed in the womb, and are commonly known as fibrous tumor." *Druitt.*

It is well known that in consequence of this enlargement of the prostate the accumulation of urine becomes excessive, the obstruction to its passage becomes serious, the coats of the bladder are enfeebled and semi-paralyzed, irritating deposits occur that are never voluntarily expelled, and that the catheter is the usual and only resource. Anything, therefore, which is calculated to diminish the size of the prostate and increase the contractile power of the bladder will meet all the indications required.

Have we any agent in the materia medica possessing the power to act upon unstriped muscular fibre and cause it to contract? It is settled now, beyond contradiction, that we have such an agent in *ergot*, and that in all cases of relaxed or stretched involuntary muscular fibre this medicine will meet the requirements. Witness, for instance, its action upon the enlarged uterus, the distended bladder, in hemorrhages, in congestion of the capillaries, etc. It is calculated not only to contract the muscular fibre of the prostate, but also its capillary vessels primarily, and also secondarily, as a consequence of muscular contraction, and thus diminish the size as well as the nutrition of the gland. It is likely to accomplish this not only in mere hypertrophy, but also in enlargement from myomatous growths, in the same way as it does in fibroids of the uterus. At the same time that the size of the organ would be lessened and the mechanical obstruction be removed, the power of the bladder would be augmented by the same agent, and the urine is thus expelled without the aid of the catheter.

I may reduce these views to the three following propositions:—

1. That the prostate and its vessels are possessed of unstriped muscular fibre.

2. That the bladder is a hollow organ, with an involuntary muscular coat.

3. That ergot will contract unstriped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory on which I based the practice, and whether the rationale is correct or not, my experience in the use of ergot in such cases has been most satisfactory. Several patients over sixty years of age have been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of the fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his catheter. His urinary organs were kept in a good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently, of old age. I mention this case in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by the treatment.

In these cases it is very common for sedimentary deposits to accumulate in the bladder, which become a source of irritation and discomfort, and if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.

GENU VALGUM.

BY WILLARD H. WORK, M.S.,
Of Albany Medical College.

This affection of the leg, most commonly known as "bowed leg," has received, provisionally and by different authors, various names. Technically known as *cnemoscoliosis*, and synonymously as *genua arcuata*, *g. convexe en dehors*, *genou arqué*, *g. valgus*, the adopted designation now generally given by English authorities, the definite name of *genu valgum*, is vastly preferable. In this country our system of medical names is, unfortunately, given without any regard to art, in a most unclassic manner; and thus the disease of which we speak is familiarly called "bandy leg," "screw leg," "crook leg," etc., all of which are plainly significant. It is a disease that occurs in all

classes and both sexes, and, as a rule, is commonly a disease of children. Like its allied lesion, *club foot*, it may be partially congenital, or acquired. It is immediately caused by a deficiency or softening of the osseous tissue of the tibia and fibula, which may cause a slight arcuatous deviation from the normal line, or consist in the most unsightly deformity. It has long been a maxim of mothers, that children who learn to walk before their bones are sufficiently ossified, are, as a rule, bow-legged. This homely maxim is entitled to our respect. Rachitic children always have more or less deformity of the legs, if they habitually use them too much. The tibia seems to be always the first affected, with a subsequent defect in the fibula. The osseous degeneration is speedy when once it has begun, and the deformity may show itself as swiftly.

The curve is generally lateral, bending to the direction of the external convexity of the bone, and may be double, as well as single. Cases of anterior curvature are not uncommon. Both limbs are usually affected, cases of the disease of one limb alone being considered rare, yet one limb may present a more striking deformity than the other. The general health may or may not be affected, this being in proportion to the strength of the constitution, but there is always a weakness of the entire osseous system, showing itself in malformations of different bones. It was formerly held that the contraction of the muscles served as an exciting motive power in pulling the weakened bone out of place, but the general opinion seems to be that the one cause is the superimposed weight of the body upon the enfeebled osseous structure. The muscles may have a normal contraction, but it is not such as to be an independent factor in creating a deformity.

The ossific process may occupy a longer or shorter time, according to circumstances. Much depends upon the hygienic surroundings and care which the patient receives. The careful mother or nurse, who is very attentive to her child, will be apt to notice early any commencing deformity, and knowing or suspecting its nature, seek to obviate it by consulting with a physician, and will herself interdict walking or standing. But such careful mothers or nurses are comparatively few. Some fail to notice any curvature, from sheer neglect; others because they will not. We have seen mothers evince anger because some more observing person has hinted that a child does not walk straight, and utterly refuse to believe anything is out of the way, even when deformity is apparent. Others notice the staggering locomotion, and see the deformity, but neglect it, fondly dreaming that the child will "outgrow it." From either cause, if the malformation is suffered to go on, the process of deformity is swift. The curvature will go on till it reaches a limit, when the earthy matter of the bone so in excess becomes impacted and refuses to bend further. Then, in course of time, the bone becomes ossified, and the patient is hopelessly deformed.

The treatment should, first of all, be prophylactic. Any child may have the disease; there is no such a thing as any special predisposition to it. In all children the earthy matter of the bones is deficient, and under the same general conditions one child is as liable to have it as is another. Some children develop earlier than do others, and may walk earlier, but there is no sensible parent but should know when a child is able to walk. They know when they are forcing a child to do more than is natural, and more than it is able to. The child will walk in its own time if it is let alone, and then there will not be the least danger of any abnormality of the bones. It is perfectly foolish for parents to make the babe of a few months walk. Says an old English writer, "Ye go-cart does make many a childe scrog-legged." Fortunately the go-cart of our foremothers has gone out of fashion, but the practice of precipitately learning the baby to use its limbs still obtains. Let the child learn to walk at its own pleasure, and cases of genu valgum will be reduced to a minimum.

But by one means or other, the patient has developed the disease. The child is brought to the practitioner with a varying degree of deformity, according to the length of time the affection has progressed. Perhaps already the distortion is considerable and a shortening is strikingly apparent. The parent fears for the worst, and is anxious to have the surgeon alleviate the difficulty. The diagnosis is made as soon as the child is stripped, and the mother's own impressions of the nature of the lesion are not often at fault. The casual glance reveals all. The practical physician understands the surgical pathology of the disease, and knows that delay is dangerous; what is to be done must be done immediately, before the disease has made further progress.

Therapeutical measures may be observed if necessary. The tone of the general health must be raised, during the surgical treatment, to a normal standard. The phosphates may be given, but it is best to wait until the deformity is relieved before attempting to build upon the osseous structure. The same law here obtains as in the treatment of rachitis. Nutritious food must be given, care being taken, also, that the limbs be sufficiently protected by clothing. All use of the limbs must be positively forbidden, and the importance of this measure impressed on the parents. It is manifestly important that all exciting causes be removed and the progress of the disease stayed. Such an end it is not difficult to accomplish.

Different authors hold to different methods of surgical treatment. The purpose in view is to bring the limb into its normal line by counter-pressure over the excurvation. The most simple plan of treatment is by a light, strong and well-padded splint, bound upon the inside of the leg and inserted by a socket into the heel of a closely-fitting boot. This method is sufficient in the largest number of cases, and constant application until the limb is perfectly straight is necessary. The relative elasticity of the osseous tissues is so great that there is scarcely ever any difficulty in bringing the limb into its normal line, and the means should be continued, to retain it in this position.

In the more severe cases a splint on each side may be necessary. We think Messrs. Tiemann & Co. have an apparatus made of steel and covered with webbing, which is sometimes used. It is a somewhat complicated apparatus, and in no wise equal to the simple splint bound by adhesive straps. A plaster-of-paris bandage, applied over a light splint, has been successfully employed, but by many is thought objectionable, as causing a continued pain, whereas the splint, if merely strapped on, can be removed at the will of the surgeon.

Mr. H. H. Bigg, of London, has recommended an apparatus which is described as consisting of "two stout uprights inserted into the side of a boot and attached above to a metal band fitted to the posterior surface of the leg, and fastened by means of straps around the head of the tibia. The requisite degree of pressure is made with two leather bands secured to the vertical pieces, and laced in front. In the antero-lateral or double curvature, the apparatus must be so constructed as to bear simultaneously against the front and side of the limb." The utility of this contrivance has been questioned, and yet it has never been demonstrated as useless. It is not largely used in this country. There are other complicated apparatuses, not in general use, of which we need not speak here.

When the case has become more complex, and there has already begun a process of ossification, the measures to be taken are to consist essentially as in minor cases, but should be longer continued and modified to the circumstance. But another class of patients are brought to the surgeon—a class in which the disease has been allowed to run until there is a most unseemly deformity. The relative prognosis depends upon the extent of the ossification. The services of the skilled surgeon are needed, and the most thorough measures of treatment are indicated, and the hopes of perfect success are poor. The means to secure the relief in common use in this country, when the disease has reached its worst stages, consist in fracturing the bones, and then overcoming the distortion by means of the splint, allowing the fracture to knit together as in treating a simple fracture. Care must be taken that the fracture be fully reduced, the achievement of which is sometimes difficult. Some authorities advocate perforating the bones through the skin at several points, until, by weakening the bony structure thus, the splint can straighten the limb to the requisite degree. This measure is in successful use in Scotland, and to some extent in England. Spence, of Edinburg, is understood to disfavor it, but we have no reference to his reasons. If it be efficiently executed there is no danger, and a cure is easily facilitated.

Tenotomy has been pronounced useless in this disease, the best authorities strongly deprecating it.

Through the kindness of Dr. W. H. Van Buren, of Bellevue Hospital Medical College, New York, I have the pleasure of presenting the following extract from a letter from Dr. William MacCormac, the well-known surgeon to St. Thomas' Hospital, London, in relation to the disease in question. The treatment here marked out by the English surgeon will be new to many readers, and is not, I think, given in our general text-books on surgery.

Dr. MacCormac says: "Recently I obviated a bad double *genu valgum* by the method sug-

gested by Ogston, by sawing the internal condyle obliquely off, and pulling it upward while the limb was straightened. I did this with complete success on the two limbs, the deformity being great. . . . A fine saw was introduced through a puncture made by a tenotome (strong). The place of puncture was that marked with the x. [Reference is here had to an outline drawing of the deformity which accompanied the letter, and from which we infer that the puncture was made just above the internal condyle.] There was not a trace of febrile reaction, and the result is a straight limb with perfect motion."

This treatment by the English authority seems to be worthy of attention. It is, of course, a possibility that in the hands of an unskillful or careless physician, harm might be done. The cautions necessary in such an operation will be apparent to the surgeon. The advantages of such a method of treatment, as a *dernier resort* in this affection, are many.

Hospital Reports.

BELLEVUE HOSPITAL, N. Y.

CLINIC OF PROF. WM. H. THOMSON,

Of the Medical Department of the University of the City of New York.

Reported expressly for the MEDICAL AND SURGICAL REPORTER.

Cancer of the Liver, and its Diagnosis.

GENTLEMEN:—I have a case of abdominal tumor to show you to-day, and one which is especially interesting to us just now, from the fact that, like the case upon which I dwelt for some time yesterday, at the clinic in the college buildings, it is characterized by icterus. In the present instance, however, the jaundice is considerably more marked than in the other. But aside from this yellow discoloration of the skin and conjunctiva, the two patients have scarcely any symptom in common. The jaundice is probably due to a totally different cause in the two cases, and therefore they present a strong contrast, which I think it will be of service to study with some care. Most of you will, no doubt, recall the young man who was before us yesterday, with a well-marked jaundiced condition of the conjunctiva and skin, the discoloration of the latter being especially seen about the scalp and the forehead. When I asked him whether his urine was of a darker color than natural, he replied, you will remember, that it was, and that he had noticed this change in it for several weeks before the yellow hue appeared upon the skin. He also stated that he had a cough, which had at first been short and hacking, and that, at the same time, he suffered from an aching between the shoulders. The latter seemed to be situated between the scapulæ and extending to the shoulders, but evidently more severe in the right one than in the left. The patient did not complain of any acute pain, but he said that he had a dull aching in the side. He also stated that he had little or no appetite, and generally experienced a sense of oppression after eating.

In this case we were able to exclude stoppage of the biliary ducts by a calculus, for the following reasons: In the first place, if there had been a calculus, the change in the color of the urine would not have preceded that in the skin and conjunctiva, as we have seen was the case here. If a calculus had been the cause of this trouble, we should have had pain in the hepatic region as the first symptom, and after that discoloration of the urine and jaundice of the surface of the body along with it. The pain would, no doubt, have preceded the jaundice from three to five days, and the discoloration of the urine by at least twenty-four hours. Secondly, there was not the acute pain here which is characteristic of the sudden occlusion of the duct by a stone. In the third place, there was an absence of the chills, vomiting and eructations of wind, which are also characteristic of this condition. Fourth, the ingestion of food did not, in this case, give rise to the acute pain which it would have done if there had been a calculus present. When there is a calculus, there are certain classes of food which especially cause pain, and among these may be mentioned all hot or very cold things, as well as fatty and sweet articles of food.

Hence we came to the conclusion that the patient was suffering from an affection which quite commonly results from taking cold, viz; catarrhal jaundice. The man is a baker by occupation, and consequently frequently exposed to sudden changes of temperature. He stated that before his trouble commenced, while greatly overheated on one occasion, he went out into the cold, and then had a chill, after which there followed a dull aching in the right side. We may, therefore, infer that there was a catarrh of the biliary ducts, their mucous membrane becoming swollen, and thus preventing the passage of bile into the intestine. But such a catarrhal inflammation is apt to extend to the cells throughout the liver, and sometimes eventually to give rise to peri-hepatitis. This latter is equivalent to a pleurisy when the inflammatory process is in the thorax, and is, indeed, much more liable to follow catarrhal jaundice than is pleurisy to follow bronchitis. We noticed that cough was one of the symptoms; and this, no doubt, was due to the irritation caused to the phrenic nerve. Not unfrequently, however, there is diaphragmatic pleurisy also. The patient, then, had all the symptoms of catarrhal jaundice, and such being the diagnosis, all we had to do in the way of treatment was to endeavor to restore the biliary ducts to their normal condition.

In such a patient as we saw yesterday there is usually a certain amount of gastritis as a result of the portal obstruction, and this is characterized by more or less vomiting. In acute inflammation we need a vascular sedative, such as local depletion, and so, when the gastritis is acute, I am in the habit of ordering three leeches to be applied to the pit of the epigastrium. It is far better than any other remedy with which I am acquainted, to control the vomiting. But if the gastritis has continued for two months or more, we then need a vascular stimulus, and a blister should be applied to the epigastrium instead. We may also assist in exciting the liver to action by means of the galvano-faradic current, and by inunctions over its surface with the oleate of mercury. In yesterday's patient the liver was only very slightly enlarged, and this is the ordinary rule in such cases, unless the hepatic disorder is associated with malaria.

The case which we have before us to-day is of an entirely different nature, and one in which the diagnosis is necessarily somewhat obscure. It presents a contrast to the other one in several respects; and in the first place I would call your attention to the marked emaciation which is here present. Many individuals are naturally thin, and it would be manifestly incorrect to say that they were emaciated; but there are three points where we ought especially to look for evidences of genuine emaciation when disease is present. These are, first, the eyes, which become sunken on account of the absorption of the cushion of fat upon which the ball rests; and the wasting is also well marked in the appendages of the eye. Secondly, there is a sharpening of the nose, and the alæ are also noticed to be shrunken; and, third, there is a thinning of the ears. In the case before us you will notice, moreover, the peculiar facial expression, due to the drawing down of the corners of the mouth, which, as you know, is indicative of some abdominal trouble.

This patient being a Pole, and not able to speak much English, it has been very difficult to get a satisfactory history of his case; but the physical examination reveals several important points. In the first place, both on inspection and palpation, we at once detect a distinct tumor in the hepatic region. That it is a real protuberance, and not a swelling due to tympanitis, either general or local (such as is frequently seen in gastritis), is shown by the fact that the outlines of the ribs can be distinctly seen. In abdominal explorations inspection is of the utmost importance. In examinations of the thorax the ear principally affords us information, and the sense of hearing is the most reliable of all the others; but here it can assist us but little. Let us now dwell for a moment upon the shape of the abdomen. If the distention observed were caused by gas, we should find a round and uniform outline characterizing the swelling. Then, too, the umbilicus would retain its natural appearance, or its depression would probably be increased; while if there were fluid in the peritoneum the depression would be obliterated, or the umbilicus actually be protuberant. When there is local tympanitis, the tumor, of course, corresponds with it, and the most common form is that of the stomach. There is, then, a protrusion in the epigastric region, and it is generally tender on palpation. If the patient takes a long breath, the respiratory act is seen to affect the lower part of the abdomen almost entirely; and when there is gastritis present, it is noticed that the ribs on the left side do not move as freely in respiration as those on the right.

Perhaps it would be well to digress for a moment here, to say that patients with gastritis, and especially those who are of intemperate habits, are very apt to suppose that they have trouble with the heart; and when you are in practice, scarcely a week will pass when some such patient does not present himself. They have more or less pain in the cardiac region, and often experience considerable difficulty in going up-stairs, because the sudden descent of the diaphragm (occasioned by the exertion) upon the tender stomach causes what is known as a "stitch in the side." The interruptions of the heart-beats, sometimes noticed, are also due to the same cause.

In typhoid fever the tympanitis commences in the right iliac fossa, and from thence extends along the ascending, transverse, and descending colon, giving rise to the so-called "tub-shaped belly," for while the swelling follows the course of the large intestine around its outer portions, the centre of the abdomen is apparently depressed. So characteristic is this appearance, that in many instances we can decide, by its being present, that the case is one of typhoid fever, when the diagnosis would otherwise be in doubt.

If, on the other hand, there is fluid present, it is important to find out whether there is effusion into the peritoneum, or whether we have a cyst to deal with, such as is found in ovarian dropsy. Here it is necessary to ascertain where the free border of the tumor is situated, just as in organic disease of the heart we want to find out where the murmur is most intense. In ovarian cyst the free border of the sac can be felt superiorly, but not inferiorly, as the mass extends down into the pelvis, while just the reverse of this is true in ascites proper. In solid tumors of the abdomen, also, it is equally important to discover the free border. This, of course, is to be mainly done by palpation, but before speaking of the other points to be gained by this means, I may mention one more in connection with respiration, viz, the importance of watching carefully, to observe what difficulty, if any, is produced by the movements of respiration.

To go on, now, with the subject of palpation—If the tumor is solid in character, it may either be a uniform enlargement with a smooth sur-

face, or one with a rough and irregular outline. We ought, therefore, to try to educate our sense of touch to appreciate the differences presented by different varieties of abdominal and other tumors, so that we may be able to distinguish pretty clearly between scirrhous masses, fecal accumulations, aneurisms, etc.

In the case now before us we find a very solid abdominal tumor presented to the sense of touch. It extends beyond any natural boundaries of the liver, which again we are led to examine, first, on account of the yellow discoloration of the skin; showing, as it does, that the functions of the liver are interfered with. By palpation, we find some irregularity in its upper portions, but nowhere on the mass is there any sensation of fluid. We decide that the protuberance belongs to the liver and not to the stomach, by observing the effect of respiration. When the patient takes a deep inspiration, you perceive that the whole tumor is pressed downward; while if it were connected with the stomach, this would not be the case. Is there any other organ beside the liver, tumors involving which thus move downward with the effort of inspiration? Yes, the spleen. Tumors of the stomach, on the other hand, are not thus affected by respiration (unless they are attached to the diaphragm); and the same is true of abdominal aneurisms. This is a very important diagnostic point; for you will find that there can be no enlargement of either the liver or the spleen, unless the mass is pressed downward with inspiration, and recedes again with expiration. In this connection, I may mention a case which recently came under my notice, in which there was a tumor in the right iliac fossa, with a rough surface, not unlike that of an orange, to the feel. There was a deep depression between it and the liver, into which I could place my two fingers, yet, nevertheless, when the patient took a deep inspiration, it was pushed away down into the pelvis. On the strength of this alone, I expressed the opinion that it was connected with the liver, notwithstanding its apparent distance from that organ. It was evidently malignant, and the patient has since died; but I have not as yet been informed of the result of the autopsy.

Some time since I met with a tumor in exactly the same position as the one in the present case, which was even larger in size; but instead of being forced downward, it moved upward, during inspiration. I decided, therefore, that it was not connected with the liver, and made the diagnosis of fecal accumulation, of five years' standing. It took a whole year's systematic effort to get the large intestine clear of the immense quantity of excrementitious matter; and it was a perfect mystery to understand how it could remain there so long without causing complete occlusion of the bowel, and thus killing the patient. Three years before I saw the patient he had made an application for admission to the police force of this city, but had been rejected, on account of the presence of this tumor. Tumors of the kidneys, enlarged glands, and pelvic tumors, are not affected in position by respiration.

In the present case, so far as inspection and palpation are concerned (with the exception of the fact that the mass moves downward in inspiration), no very important information is to be obtained. The tumor is solid, but not very irregular in outline, and besides occupying the whole region of the right lobe of the liver, extends beyond that, downward and to the left. In such cases nothing is more important than to find out just how far we can go in assigning significance to symptoms. In regard to the point of immediate danger, they are very much like cases of organic heart disease. There may be valvular lesions, hypertrophy and dilatation, and yet the heart sounds will be exactly the same, whether your patient is in imminent peril or no immediate danger whatever. No heart sound and no heart enlargement is dangerous *per se*, until the organ is no longer able to empty itself. Then the danger commences; and this perilous condition may be accompanied by very few symptoms. So in regard to tumors of the liver. Their mere position, extent, and feel to the touch, tell you, indeed, that there is something wrong in this locality, but give you little or no indication of what the real trouble is. The danger to the patient is quite independent of the size and character of the tumor; and I would have you understand that this is a point of no little importance. In order to appreciate the real danger to be apprehended in any case, we must take into consideration the past history, and study it very carefully.

Then, the emaciation is a prominent element in the history of this case, and the patient states that he has lost at least thirty pounds within the last six months. It is a fact that no jaundice can occur without more or less rapid emaciation following; and it makes no difference whether the jaundice is catarrhal, or due either to the obstruction of the ducts by calculi, or by pressure from without. So long as it continues, cholæmia undoubtedly tends to produce emaciation. Therefore, we must not lay too much stress on the presence of emaciation; but there is this point about it, that emaciation from cholæmia is like the thinness of those naturally spare, in that it affects all portions of the body alike.

But there are certain diseases which have the effect of producing emaciation in particular parts, and I think that in the present instance we have more than the simple thinning caused by cholæmia. Such emaciation as I refer to is produced by waxy degeneration of the liver, but that condition is to be excluded here, from the fact that it is unaccompanied by jaundice. Then, again, we never have waxy liver without other organs also being similarly affected. So cirrhotic patients, as a rule, are not jaundiced, though slight icterus occasionally occurs in this condition, and it is very apt to be associated with cirrhosis of the kidneys, spleen, and other organs.

Might not this be a case of malaria? This

must be excluded, on at least two grounds. If the patient were suffering from malaria he would, of course, have febrile symptoms, and he would feel but little pain. Here, on the contrary, there are no febrile symptoms, and the patient suffers from the most intense pain. This is felt not only in the side, but in the back, and is considerably aggravated when he lies upon the back. In addition, I may mention that he has not had dysentery, which so commonly occurs in bad cases of malarial poisoning; nor has he resided in a malarious region.

Next we come to consider the question of hydatids. But these growths usually affect the left lobe of the liver principally, and beside, give rise to very little pain. Then, if they were present, the liver would not be as hard on palpation as it is here, and would give to the examiner a sensation of the presence of fluid.

By a process of exclusion we have, therefore, arrived at the diagnosis of malignant disease of the liver. As positive signs we have the real emaciation and cachexia of cancer, the extreme pain from which the patient suffers, and the roughened feel of some portions of the surface of the organ, which would seem to indicate that we have to do with a case of scirrhus. The jaundice is, of course, to be explained by the pressure of the cancerous mass upon the biliary ducts.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a conversational meeting held at the Hall of the College of Physicians, Philadelphia, January 23d, 1878, Dr. Henry H. Smith presiding, Dr. Washington L. Atlee's paper on the Treatment of Enlarged Prostate (see p. 388) was read by Dr. T. M. Drysdale. A vote of thanks was tendered to the author, and the subject opened for general discussion.

Dr. James Tyson said that about fifteen months ago he had under treatment an old gentleman, eighty years of age, suffering from great irritability of the bladder, pain, loss of rest, and other symptoms referable to enlargement of the prostate gland. Upon adopting the recommendation of Dr. Atlee, to try ergot, he obtained a remarkable result after a few doses of the remedy, at first giving a dose of twenty drops of the fluid extract four times a day, subsequently increased to half a teaspoonful. In the course of a few days the patient experienced great relief, and he was able to reduce, and soon afterward to discontinue the remedy, the patient feeling more comfortable than he had for a long time. Some time after the old gentleman took cold, and the disagreeable symptoms returned. At this time he was able to relieve him completely in a short time by the free exhibition of the drug. He concluded, "I am satisfied that we have in this agent a valuable remedy for the cases under discussion. I have only been able to try it in one other case, which is now under observation, in which, however, the trouble is of gonorrhœal character. In this case I have not seen any benefit as yet, although half a drachm of the remedy has been given persistently every four hours. This, however, does not belong to that class of cases for which Dr. Atlee recommends the ergot, and in which it is certainly remarkably efficient."

Dr. T. M. Drysdale. The treatment of enlarged prostate by medical means can be narrowed down to a very small space, and be very briefly considered. We have only four or five remedies that are considered of any avail in the relief of this affection. So far as I am aware, the only prominent agents that have been used are the bromide of potassium, extract of cicuta, muriate of ammonia, iodine and its preparations, and mercury. From the bromide, temporary relief is sometimes obtained, but I never saw any good results from the muriate of ammonia in these cases. The injections of iodine into the gland I have not tried, nor have I used mercury to any extent, but the other remedies named have all been resorted to in my practice, and the experience thus obtained verifies that of others, that but little reliance can be placed in them. Many years ago, at the suggestion of Dr. Atlee, I commenced the use of ergot in these cases, and the trial of it has confirmed what he has stated in his paper. It has proved a far more satisfactory remedy than any other, and from my experience in its use I should say that ergot was *the* remedy for enlargement of the prostate gland.

Dr. F. P. Henry. Ergot was recommended a number of years ago by Bumstead, for irritability of the bladder, in connection with iron, and in this combination he had used it with good results in the irritability of the bladder following gonorrhœal infection.

Dr. C. B. Nancrede. The condition of this gland in old cases of gleet is, as was pointed out by Dr. Gleason, really one of chronic prostatitis, and therefore approaches the pathological state of enlarged prostate in old people. Theoretically, then, the ergot, if useful in one class of cases, might be equally beneficial in the other. The idea, however, that enlargement of the prostrate gland is a common disease among elderly people is wrong. Only about thirty-seven per cent. show increased size, and only twelve per cent have marked enlargement.

Dr. O'Hara had used ergot internally in cases of irritable bladder with good effects, and also in the form of suppositories. Injections of ergotine have been recommended for hemorrhoids, and he suggested its hypodermic use in enlarged prostate.

On True Stercoraceous Vomiting.

Dr. W. R. D. Blackwood remarked that at a former meeting of the Society he had reported a case of intussusception, and was surprised to

find exception taken to his remarks on stercoraceous vomit. Since then he has observed seven cases where this undoubtedly occurred, and he had positive evidence of the vomiting of fecal matter. The first case was one of intussusception of the bowel, somewhere in the transverse colon, and the matters vomited had an undeniably stercoraceous appearance and odor. In a case now under treatment where there is obstinate constipation, overcome only by the aid of enemata, the patient told him that, after the injection she vomited freely, and could taste the salt that had been placed in the enema. In order to test the truth of this statement, he gave the patient a rectal injection, containing barley, which, in about fifteen minutes, appeared in her vomit, whereas she previously had not eaten barley for several years. In this case he had prevented any attempts at deception by giving her an injection containing starch, which he afterward discovered in the vomit by testing with iodine, and established the fact beyond doubt. He was surprised that the occurrence of stercoraceous vomiting could be denied, or the statement made that the ileo-cæcal valve would absolutely prevent regurgitation. Watson, in his "Practice," doubts the fact, but evidently had never seen a case. In the cases referred to, the stercoraceous vomiting took place in presence of the doctor, and consequently evident proof of its occurrence was thereby established.

Dr. Stetler remarked that the gentleman has not shown that in the cases reported the ileo-cæcal was in a state of integrity, which to that extent lack the element of demonstrations. When this valve is normal, he regarded it as competent as the valves of the heart, to prevent regurgitation of both solids and fluids. Nature's works are perfect. Were this not the case in the present instance, in every patient with chronic constipation the contents of the large intestine might regurgitate and be delivered *per os*. In such cases we would likewise be annoyed by the fecal odor in the breath. He admitted the valve might be interfered with by force or disease, and its normal function prevented and overcome; but he believed that physiologists were agreed that while the valve remained in a perfect state, it performed its duty of absolutely closing the orifice against regurgitation from the large to the small intestines. Turning to our authorities, we find that Prof. Leidy says: "When closed the free edges of the valve come into contact, so as to prevent the return of matters from the large into the small intestines." Kirkes and Paget state it thus: "But complete security is afforded against the passage of the contents of the large into the small intestine, by the ileo-cæcal valve."

Dr. C. B. Nancrede objected to the expression "inverse peristalsis" in cases of so-called stercoraceous vomiting. The contents of the lower part of the ileum smell very much like true stercoraceous matter from the large bowel, and might deceive any one unfamiliar with their appearance. Peristalsis is always in one direction, but in accordance with the hydrostatic law of a reversed axial current, if an obstruction is met, the fluids will flow in the direction of least resistance, *i. e.*, along the middle of the intestinal tube, while the current along the walls is going in the other direction.

He could scarcely believe it possible that an injection could pass through thirty feet of intestine, in an abnormal direction, in fifteen minutes, and called attention to the fact that almost any fluid from the stomach would give the reaction for common salt. In the first case mentioned by Dr. Blackwood, there might have existed a connection between the large and small bowel high up. In ordinary cases, stercoraceous vomiting, properly so called, does not occur. The contents of the small intestine may be vomited, but not after they have passed the ileo-cæcal valve.

Dr. Tyson, being appealed to by Dr. Hamilton, stated that, personally, he had made no experiments nor observations in regard to the competence of the ileo-cæcal valve, but the opinion of physiologists generally would confirm the view that, under certain unusual circumstances, this valve would permit regurgitation. In regard to inverse peristalsis, he believed that, on a former occasion, he had stated that he considered it possible. On exposing a portion of the small intestine in one of the lower animals, and irritating it by pinching with the forceps, the wave of peristalsis may be seen flowing in both directions. The explanation offered by Dr. Nancrede is the one advanced by the late Dr. Brinton, of London, but I think the tendency among physiologists is to refuse this explanation. The odor of the stercoraceous matter said to be vomited is probably due to the complicated series of changes which take place on the addition of the pancreatic juice to the matters which have passed from the stomach to the small intestine, resulting in the production of leucin, lyrosin, stercorin, and other obscure chemical compounds. It is questionable whether true fecal matter, that is to say, the contents of the large bowel, are ever made to pass back through the ileo-cæcal valve, although medicated injections may be made to do so; but as Dr. Blackwood has seen this, I am willing to believe that it is possible.

The Influence of Pregnancy in Phthisis.

In the *Nice Médical*, February, 1878, Dr. A. Lebert says that for a long time it was believed that pregnancy arrested or suspended the progress of pulmonary phthisis. In 1850 Grisolle affirmed that pregnancy aggravated the phthisical condition. Dr. Lebert's observations support, in the main, those of Grisolle; but he finds that the results of labor are more pronouncedly deleterious than those of pregnancy. Out of 33 phthisical girls who married, 10 died in their first labors. He is of opinion that the physician should discourage marriage in any young girl who has shown at any time symptoms of tuberculosis.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Condition of the Skin in Tinea Tonsurans.

Dr. George Thin, of London, in a recent paper, gave an account of the appearances seen in sections through the entire thickness of the skin of a horse affected with ringworm. The author alluded to the evidence on which the identity of the disease in that animal and in man had been established, and to cases in which the trichophyton tonsurans had been transmitted from the former to the latter. The skin was examined in both the earlier and the advanced stages. The spores of the trichophyton tonsurans were found among the most superficial scales of the horny layer of the epidermis. They were found in the cutis only on the shaft of the hair, and between the shaft and the internal root sheath. The spores in no instance were found in the root sheaths, the hair root, or hair papilla, nor in the connective tissue surrounding the hair follicle; that is to say, the spores were never found in actual contact with living tissue, the space between the internal root-sheath and the hair shaft being analogous to the most superficial stratum of the horny layer. The affected hair first bent, and then broke at a point usually midway between the rete mucosum and the hair root. This the author attributed to the disintegrated hair yielding to the pressure produced by the normal growth of the hair shaft upward. The changes found in the tissues of the cutis and rete mucosum were sometimes extensive, and were similar to those found in inflammation, from whatever cause it arose. The spaces between the bundles of connective tissue were more or less infiltrated with colorless blood corpuscles (pus cells); the walls and immediate neighborhood of the blood vessels being thickly studded with them. Retrogressive changes were found in the nuclei of the cells of the rete mucosum, and at some parts the epidermis had completely broken down, leaving the cutis denuded. In the latter case the surface was found covered with pus cells. Small localized abscesses were found in the external root sheath and in the rete mucosum. The cell infiltration descended along the veins to the deepest parts of the cutis. The author, finding these well-marked inflammatory effects in tissues which contained no vegetable organism, suggested that they were due to the irritation which is produced by the absorption of soluble matter set free during the growth of the fungus. The parasite found its pabulum among effete epidermic structures, and could only assimilate by decomposing them. This theory seemed to be the only reasonable one, because the effects produced were far in excess of those which might be expected to follow the distortion of the hair. The incapacity on the part of the fungus to exist in living animal tissues explained the *modus operandi* of the very numerous methods of curing ringworm. Many of the substances applied were simple irritants, while the parasiticides in common use were also irritant. Inflammation, when sufficiently acute, cured ringworm, as was shown by the fact adduced by the author, in which a simple wound through a ringworm spot cured the whole patch. It was thus that the beneficial effect in chronic cases of a continued slight congestion was explained. The author further pointed out the probable injurious effect on the general health of the continued absorption of the irritating matters produced by the growing fungus.

On So-called Milk Fever.

At a meeting of the Obstetrical Society of Dublin, in March, Dr. Macan read a paper on this subject, in which he gave an exhaustive *résumé* of the theories held regarding the etiology of milk fever from the time of Willis, who attributed it to the accumulation in the blood of easily fermentable menstrual particles, which had failed to escape as milk from the breast, or as lochia from the uterus. The term "milk fever" was, he said, of great antiquity. But, in these days of critical investigation and general skepticism, the propriety of the term, nay, even the existence of any such disease, had been called in question. His conclusions on the subject were the result of thermometric observation of 423 pregnant women in the Rotunda Hospital. In 114 of these, the rise in temperature during the whole period of observation never exceeded one degree Fahr. And, if Wunderlich's fever limit of 100.4 degrees Fahr. be accepted, there were 196 cases in which the temperature never rose to fever height. In 32 cases, the only cause for a rise in temperature was a painful condition of the breasts. In many of these the fever lasted over twenty-four hours, the longest duration being five days. The temperature was often greatly out of proportion to the pulse: temperature 104.4 degrees Fahr., with pulse 108; or temperature 103.5 degrees Fahr., with pulse 92, as occurred in two of Dr. Macan's cases. In septic infection, on the other hand, the pulse was too quick for the temperature. The difference was important from a diagnostic point of view. The conclusions which he drew from his statistics may thus be briefly stated:—1. No rise in temperature necessarily accompanied the first secretion of milk. 2. Pain and distention of the breasts might cause fever, but it

was different from the so-called milk fever; the latter seldom lasted twenty-four hours, while the former, coming on some days sooner, often did. 3. In the fever due to distention of the breasts, the pulse was sometimes slower than the temperature would lead us to expect. 4. In cases of fever the mere presence of full breasts was not sufficient justification for at once concluding that no serious puerperal affection was present.

Puerperal Antiseptics.

Three papers by Langenbuch, Schülein and Richter, in the *Zeitschrift für Geburtsh. und Gyn.*, report the extensive adoption of antiseptic measures for the prevention of puerperal infection in their respective hospitals. Richter's observations were made in the Charité Hospital, at Berlin, where, especially after complicated labors, injections into the uterus were made for prophylactic purposes, and were continued throughout the puerperium. In all, about three thousand injections were made. The carbolic solution most frequently employed was a 2 per cent. solution. At first, a 3 per cent. solution was used; but, if repeated frequently, it was reduced to 2 per cent., as the former often caused carbolic acid to appear in the urine. Considering the numerous complications, the results were very favorable, being a mortality of 1.6 per cent. of all the women delivered, and of 4.83 per cent. among the cases in which the injections were used. Schulein, in the University Obstetric Clinic of Berlin, in the winter *semester* of 1876–77, treated two hundred and six out of two hundred and eighty-seven lying-in-women immediately after delivery by prophylactic injections of the uterus with a 3 per cent. solution of carbolic acid. This injection was employed whenever in the lying-in bed frequent rises of the pulse and temperature occurred. A glass tube was at first used, and a double current catheter afterward. Under this treatment, with eighty-one cases of illness among the two hundred and six, or 28 per cent., the deaths amounted to only seven, or 2.4 per cent.; only one occurring from septic causes, one in a woman on whom Cæsarean section had been performed. Langenbuch has since 1872 employed drainage of the puerperal uterus in order to afford a free outflow of the secretions. His experience shows that this treatment is quite innocuous. In one case, the drain remained nineteen days *in utero*. He recommends this treatment where septic infection already exists, in order to prevent a new invasion of septic material; and also as a prophylactic measure when the cases seem to offer a doubtful prognosis.

—Twenty-fourth street, New York, is to-day, in the number of physicians it contains, what East Broadway was in olden times. From this circumstance it is facetiously known as "Pill Row."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The "Vest-pocket Anatomist," by Dr. C. Henry Leonard, of Detroit, gives, in sixty 18mo pages, the details of human anatomy from Gray's excellent treatise. It is a carefully-made synopsis, very useful for students, though, from the smallness of the type, rather trying to the eyes. Price 50 cents.

——"Hæmaturia as a Symptom of Disease of the Genito-Urinary Organs," by Dr. O. Hoff, of San Francisco, is a monograph of fifty pages on this important sign. He examines it as significant of either disease of the urethra, the prostate, the bladder or the kidneys. Ten wood cuts are inserted, illustrating pathological appearances and operations. The essay is carefully prepared. Lindsay & Blakiston, Phila. Price 50 cents.

——The *Transactions* of the American Dermatological Association, at its Meeting in 1877, make a pamphlet of forty-two pages. The address of the President, Dr. C. White, occupies about half this space. It is upon dermatology in America. A valuable contribution to the American bibliography of this specialty is appended to the address. An interesting fact illustrative of the rapid growth of the specialty is, that while ten years ago there was not a single officially recognized representative of this branch among the medical instructors of the United States, there are now no less than sixteen.

BOOK NOTICES.

Synopsis of the Diseases of the Larynx, Lungs and Heart. Comprising Dr. Edwards' Tables on the Examination of the Chest, with alterations and additions. By F. De Haviland Hall, M.D, Lond. London, J. A. Churchill, 1878, 8vo. pp. 35.

Dr. Hall has here made an attempt to classify, in tables that will readily strike the eye, the signs and symptoms of thoracic disease. He has had much experience as an instructor of students, and his success is considerable. In a very few pages he has condensed a great amount of information, and in a form easy of access. It is intended as an epitome to supplement lectures, not as a work for independent study.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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PREMIUM LIST
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the REPORTER, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

2. For two new subscribers to the REPORTER, a copy either of Napheys' *Medical Therapeutics* ($4.00), or Napheys' *Surgical Therapeutics* ($4.00).

3. For one new subscriber to both COMPENDIUM and REPORTER, both the *Physician's Pocket Record* and Dobell on *Coughs, Consumption and Diet.*

In all cases the remittance for the new subscriber must cover one full year's subscription.

THE SANITARY VALUE OF THE BEAUTIFUL.

One of Theodore Parker's favorite topics, one which he handled in his lectures with inimitable grace and power, was the influence of the beautiful in common life. He showed how the cultivation of the æsthetic faculties lifts men above many sordid qualities of their nature, and brightens their lives.

The positive influences which he so well depicted on the average man in health, is still more strongly visible in many conditions of disease. It has been justly urged that it is not sufficient to have sick rooms and hospital wards clean and quiet. They should be rendered cheerful with light, home-like in pleasant furnishing, even moderately gay with decoration, and grateful to the senses of sight and smell with colors and odors.

One of the plans which has been put into operation in this and other cities to effect this, and with much success, is through "Flower Missions." We have at previous times alluded to these beneficient organizations, and do so again, in view of the season of flowers which is now beginning. How much good it does to many a poor invalid to see the bright and fresh bouquet by his bedside, can hardly be known except by those who have passed weary days on the couch of sickness. In every city which boasts a hospital there are certainly many kind-hearted women who need but the suggestion of this beautiful charity to have it organized and carried out.

It is gratifying, also, to note that the bare, white walls of hospital wards are likely, in the future, to be ornamented and embellished in a more cheerful manner than by the inscription of grim precepts and ominous warnings. An English gentleman last year offered, under certain conditions, to expend ten thousand dollars in decorating the wards of the London hospitals, and though difficulties were encountered which prevented his carrying out the design, the suggestion has taken root, and will ultimately be generally adopted.

In the last report of the trustees of that admirably conducted institution, the Massachusetts General Hospital, occurs the following paragraph, which we would commend to the managers of all similar establishments:—

"In this connection we may intimate that a real service may be rendered to the Hospital by the gift of pictures, engravings or photographs, or by contributions of money specially to defray the expense of painting and decorating the walls and ceilings of the wards. An object of beauty upon which the eye may rest, and which it may study day after day with increasing interest, will shorten many a weary hour of convalescent life."

The longing for the beautiful is an integral part of animal nature, and for aught we know, of vegetable nature too. The lilies of the valley still precede in glory the richest woofs of art, and the burnished feathers of the dove have tints beyond Turner's palette. To neglect these hints of physiology in the treatment of disease is not the part of wisdom. How much we may profit by them we cannot yet say, but the analogy is fair, that the gain from their judicious application will be considerable.

Notes and Comments.

Therapeutical Notes.

SCURVY.

A physician in Australia, where scurvy is frequent among settlers in "the bush," says, in the *British Medical Journal*, that in all such cases he orders bottled porter and mixed pickles, and never fails to effect a prompt cure.

ACUTE LARYNGITIS.

Dr. T. Whipham gives, in the *Medical Times and Gazette*, the following, as an admirable combination in acute laryngitis:—

℞.	Vin. antimon.,	℥ss	
	Vin. ipecac,	ℿx	
	Potass. acet,	ʒj	
	Spts. æth. nit.,	℥ʒj	
	Potass., nitrat.,	ʒss.	M.

Sig.—To be given every four hours.

RHAMNUS FRANGULA.

This purgative is coming into fashion again. It is of ancient renown. An English writer quotes the following from the *Pharmacopœia Londinensis*, or the *New London Dispensatory*; as also the *Praxis of Chymistry*, by William Salmon, Professor of Physick; 1682. Chap. 2, of Barks. II. "Frangulæ alni nigræ, of the black alder tree. The inner bark purgeth both flegm and choller, by stool and vomit. An infusion of it, taken for some mornings together, helps the rickets, cachexia, dropsy, jaundice, itch, or mange, causing a good appetite and a healthful constitution."

DIGITALINE INJECTIONS.

Professor Gubler, of Paris, states that after having made many attempts to utilize the active principles of digitalis in subcutaneous injections, he believes that he has attained his object. He uses a solution containing .2 per cent. of Homolle and Quevenne's amorphous digitaline in equal parts of water and alcohol. One gramme of this solution contains two milligrammes of digitaline. He injects half of the contents of the syringe; that is to say, one milligramme of digitaline, and obtains all the effects of digitalis. These injections do not bring on any local accidents.

Adulteration of Cream of Tartar.

Dr. Squibb, of Brooklyn, at a recent society meeting, gave some interesting statistics as to his experiments on the purity of this drug, in which he had found samples as offered for sale to vary from 10 to 92 per cent. of pure cream tartar, the adulterations consisting of tartrate of lime and terra alba. He also told how one could go to stores in New York where he would be taken into a room in which a sample table is set with different grades of terra alba. One, you are told, will make a beautiful, bright cream tartar, another a dull one, and so on, from one end of the table to the other, each having a particular use.

On Chrysophanic Acid.

The uses of this acid are increasing. The ointment is usually made half a drachm to the ounce. Of its use in obstinate general psoriasis Mr. A. Sangsten gives examples in the *Lancet*. In two cases the trunk and limbs were washed night and morning with soft soap, the latter being used pretty vigorously over the diseased patches. Afterward, a weak ointment of chrysophanic acid (five grains to the ounce, in one case seven grains to the ounce) was rubbed on the affected parts. A tight-fitting linen vest was worn next the skin, and the limbs were

bandaged. No inconvenience was experienced, excepting in one case a trifling erythema, or, as it seemed rather, a false erythema, produced by staining of the epidermis. The patients were kept in bed. There was intolerance of arsenic in both cases, so that a carbolic acid mixture thrice daily was ordered.

Both patients remained under the above treatment about a month, and left the hospital "cured;" that is to say, the disease had disappeared from the surface, the places where it had been on the trunk were not discernible, and but faintly so on the limbs, as smooth, slightly erythematous patches.

Preservation of the Brain.

M. Oré, of Bordeaux, says the *British Medical Journal*, employs the following method for preserving the brain. He removes the membranes with great care, and plunges the brain into alcohol, 90°. Four days afterward, he passes pieces of cotton between the convolutions. The alcohol is changed every five days for twenty or twenty-five days. He then wraps the brain in three folds of linen, placed one over the other, and kept in place by India-rubber bands, and places it in a stove heated to 45 or 50°. Cent. (113 or 122° Fahr.) during 15 or 20 hours, taking care to place the preparation in the lower part of the stove at some distance from the gas furnace which warms it. The linen envelopes are removed; the brain is then covered with several white coats of India-rubber varnish. The brain thus prepared is then submitted to the galvano-plaster process.

Bernouilli on Croupal Bronchitis.

Bernouilli relates, in the *Deutsches Archiv*, vol. xx, a case of primary croupal bronchitis attacking a compositor, sixteen years of age, who had suffered as a child from scrofula, and had the signs of stenosis of the mitral valves. After the patient had suffered for a long time from simple bronchial catarrh, and expelled daily three or four fibrous casts, there could only be discovered, in connection with this, one painful place on the left side below the axillary line, where *râles* were perceptible. After two or three days, these symptoms disappeared, but they returned again at the end of one, four and eight weeks. These casts were thrown up especially during the night. Bernouilli has found the treatment by croupous bronchitis with inhalations to be without any success, and so also the treatment by emetics. He recommends that the patient be ordered to take deep respirations in order to excite the impulse to cough, and thus expel the casts mechanically.

Formic Acid, its Origin and Uses.

This acid is said to be a very potent antiseptic, far surpassing carbolic acid. It is also used as a counter irritant.

Ordinary formic acid is made by heating together to 110° C. equal parts of dry oxalic acid and glycerin, until no carbonic acid is evolved. The pure concentrated acid is obtained by decomposing the formate of lead by sulphuretted hydrogen, and might contain lead.

A singular source of it has lately been brought to notice. A chemical examination of the dead Rocky Mountain locusts, by the United States Entomological Commission, shows that these insects furnish a new oil, which will be christened caloptine, and a very large percentage of pure formic acid. Though this acid exists in the ant and some other insects, it is with difficulty obtained in large quantities; whereas by the action of sulphuric acid upon the locust juices, it passes off with great readiness, and in remarkable quantity and gravity.

Valerian, Atropia and Ergot, in Diabetes Insipidus.

Dr. Reuder, in *La France Medicale*, relates an interesting case of polyuria, accompanied by supraorbital neuralgia, vertigo, with loss of consciousness, excessive thirst and hunger, with emaciation and loss of strength, although the patient consumed a considerable quantity of food. The urine contained no trace of sugar; the quantity was about ten quarts a day. The urea eliminated by this means in the twenty-four hours amounted to from about 1250 to 1400 grains. Before having recourse to ergot of rye, tincture of valerian was first tried for this patient, in the dose first of fifteen minims, and soon afterward of half a drachm. Under the influence of this treatment the urine diminished by nearly a quart. Sulphate of atropine, in the dose of one milligramme (.015 grain) at first, then two, daily, produced a similar improvement; but no advantage was found in persevering in this course, since the appetite diminished with the valerian, and the thirst increased with atropine. Ergot of rye was then tried. The success with this agent

was remarkable. In eight days the urine fell to 1600 grammes, and the urea to fifteen grammes, in the twenty-four hours; the emaciation was stopped; the strength returned; whilst the thirst and the excessive desire for food also disappeared.

We believe Dr. Da Costa, of this city, was the first to recommend ergot in this disease (*Transactions College of Physicians*, 1875).

The Cure of Acute Phthisis.

Dr. McCall Anderson, in his recently published *Clinical Lectures*, considers this a curable disease. He records several cases which were treated with feeding every half hour, stimulants, and a pill containing quinine, digitalis, and opium, every four hours. Hypodermic injections of one-hundredth part of a grain of sulphate of atropia, he says, controlled the sweating: subsequently, cod-liver oil was administered. Of one serious case treated in this way, the author says he was discharged "as healthy a lad as one could wish to see." Several other cases recovered. The author himself admits that, owing to the fact of recovery, there is no ocular proof that the disease in question was acute phthisis; but he does not hesitate to say that, whatever the disease was, the treatment "cured it."

Odors of the Insane.

As complementary to Dr. Hammond's curious observations mentioned previously in the Reporter, (cur. vol p. 96), we add some remarks by Dr. Laehr, in the Zeitschrift für Psychiatrie, Bd., xxxiv. He instances a doctor at Halle, afflicted with insanity, accompanied by delusions, during which he emitted from the skin a very penetrating odor, which he thought particularly pleasant, though no one else was of that opinion.

Dr. Laehr gives several other instances where puerperal mania, or mania accompanied by disorders of menstruation, was attended with a peculiar smell from the skin. Two cases are given of circular insanity, where the period of disquiet was attended by an exhalation from the skin having a characteristic smell.

Dr. Laehr believes that in these instances the secretion of sweat was greater than usual, and that the peculiar exhalation must have been due to a special action of the nerves upon the sudoriparous glands.

Correspondence.

Poisoning by Paris Green.

Ed. Med. and Surg. Reporter:—

In the number for April 27th, Dr. G. Arnold Mills, of New York city, lays great stress on the efficacy of Wyeth's dyalised iron in a case of poisoning by Scheele's green. Here, in the home of the potato beetle, Paris green is sold almost by the ton, for the purpose of destroying that insect. Accidents now and then occur by young children getting at the poison, or to adults, from a careless handling of the substance. Yet, during a residence in this country of seven years, I have not heard of a case of fatal poisoning from Paris green. I will narrate a typical case of each variety of the accident, as observed in my own practice, some time in July, 1875.

C. C., aged three years, got hold of a package of Paris green, and when found was vomiting the green pigment copiously. His mother beat up the white of eggs in milk and gave him constantly all she could induce him to drink until I arrived. I was sent for at once, distance four miles. Being told by the messenger the nature of the case, I prepared a quantity of the hydrated sesquioxide of iron, by precipitating the mur. tinct. with aqua ammonia and washing the precipitate, and made all haste to the patient. When I arrived at least an hour had elasped since the little fellow was discovered at the poison. I commenced to give the iron by filling his mouth with spoonfuls of the pasty mass, and then compelling him to swallow water by pouring it into his mouth and holding his nose, and I did not desist until he had swallowed an ounce, at least, of the moist pasty iron. Then we plied him vigorously with the milk and albumen, with ipecac combined, and had the satisfaction soon of seeing it come back more or less altered in appearance. After a stay with the little fellow, of two hours, I ordered a half ounce of castor oil and saw it administered, and then returned home. Upon visiting him again next day, found him at play, only a trifle paler than usual. His mother said he did not vomit after he took the oil; bowels moved copiously in two hours, and continued to do so at short intervals until some three motions were had, when he went to sleep and slept quietly all night, and so recovered, without any further attention.

Crothes, adult, male, engaged in sprinkling the Paris green, in substance, mixed with wheaten flour, on potato plants, to kill the larvæ of the Colorado beetle. At the end of about two hours found himself suffering from nausea, and felt an intolerable itching and burning sensation in the skin on the inside of the thighs, and involving the scrotum, perineum and buttocks. Being compelled to quit his work and go to the house, a few rods off, he found himself vomiting and much prostrated by the time he could get there. His employer sent for me. I found him retch-

ing at intervals, but bringing up only a little viscid mucus. The parts described as itching by the messenger were now much inflamed, and were smarting intolerably. Gave him internally hyd. ox. precipitated by ammonia from a solution of the sulphate protoxide, and used locally a solution of the sulph. protoxide ℥jss to the quart of simple water. This lotion, for the moment, increased the local pain to an almost intolerable degree, but it passed off in a moment, the inflammation in the skin subsiding almost like magic. He had been careless, the day being windy, and had doubtless inhaled more or less of the dust, and it had also insinuated itself under his clothing, to the skin, and acted as a local irritant. He was able to resume his work as a farm hand next day.

G. Law. M.D.

Greeley, Colorado, May 1st, 1878.

On the Treatment of Carbuncle.

Ed. Med. and Surg. Reporter.

Seeing the article in the Reporter of May 4th, reminds me to report the following case:—

Was called, April 23d, to see Mr. E. W., a man aged sixty-eight years, of good constitution; said he had a boil he wanted me to see; had been coming about ten days. I found on the left gluteal muscle, about three inches from the anus, a carbuncle with a very angry look, with eight or ten small points, from which exuded a show of matter, the inflammation extending three or four inches each way. It was very painful, depriving my patient of sleep day or night. He had been wetting it with a solution of carbolic acid and poulticing with flaxseed. I put on a spanish fly blister, two inches square, and covered it with the same poultice; gave an anodyne. April 24th. Blister has drawn well; pain very much relieved; has slept well; inflammation around the sore much relieved, which was puffing in the centre; continued the poultice. April 25th. Opened it with a free incision; not much discharge but blood; wet it freely and put on the same poultice. After this the patient made a rapid recovery.

I think the blister in the early stages very valuable, and very much hastens the recovery by relieving the inflammation and breaking down of tissue. I have treated several cases with carbolic acid, generally with success, but like the above treatment the best of any I ever used.

R. H. Sabin, M.D.

West Troy, N. Y.

The Bezoar Stone.

A physician in Arkansas writes us that he has in his possession a genuine American bezoar stone, from the stomach of a white buck. These concretions are esteemed among hunters and the uneducated classes to possess great medicinal virtues. It is needless to say that no countenance whatever is given to this superstition by men of science.

News and Miscellany.

American Medical Association.

Philadelphia, 1400 Pine Street,
S. W. Corner Broad.

The Twenty-ninth Annual Session will be held in the city of Buffalo, N. Y., on Tuesday, Wednesday, Thursday and Friday, June 4, 5, 6 and 7, 1878, commencing on Tuesday, at 11 A. M.

Sections.—"The Chairmen of the several sections shall prepare and read in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. * * * *"—By-Laws, Art. II., Sec. 4.

Practice of Medicine, Materia Medica and Physiology.—Dr. A. L. Loomis, New York, Chairman; Dr. J. H. Etheridge, Chicago, Ill., Secretary. Committee appointed to report to this Section: On Clinical and Meteorological Records, Dr. N. S. Davis, Illinois, Chairman.

Obstetrics and Diseases of Women and Children.—Dr. E. W. Jenks, Detroit, Mich. Chairman; Dr. H. O. Marcy, Cambridge, Mass., Secretary.

Surgery and Anatomy.—Dr. Henry H. Smith, Philadelphia, Pa., Chairman; Dr. E. T. Easley, Little Rock, Ark., Secretary.

Medical Jurisprudence, Chemistry and Psychology.—Dr. Walter Kempster, Oshkosh, Wis., Chairman; Dr. E. A. Hildreth, Wheeling, W. Va., Secretary.

State Medicine and Public Hygiene.—Dr. J. L. Cabell, University of Va., Chairman; Dr. E. J. Marsh, Paterson, N. J., Secretary.

The following Committees are expected to report:—

On Prize Essays.—Dr. E. M. Moore, Buffalo, N. Y. Chairman.

On Necrology.—Dr. J. M. Toner, Washington, D. C., Chairman.

On Catalogue of National Library.—Dr. H. C. Wood, Pa., Chairman.

On Recommendations in President Bowditch's Address.—Dr. N. S. Davis, Illinois, Chairman.

Amendments offered by Dr. S. C. Busey, T. D. Fitch, N. S. Davis and X. C. Scott, are to be acted on.

It is probable that several railroads will carry delegates to Buffalo and return for one and one-third fare. Such roads as agree so to do will be announced in the Journals.

From Philadelphia to Buffalo and return, one fare and a half. From Baltimore to Philadelphia and return, $4. The Canada Southern and Wabash Railroad will give excursion tickets to delegates to the American Medical Association, and their families, for half the usual fare. They can procure tickets for the round trip by presenting their certificates of appointment, for *one* full fare.

This arrangement reduces the fare one-half from St. Louis, Toledo, Detroit, and through

connecting lines to Buffalo, thus reaching the whole Southwest.

WM. B. ATKINSON, M.D.,
Permanent Secretary.

The chairman and secretaries of the several sections of the American Medical Association are requested to send in (by title) the papers to come before them, with the time for reading; also, all gentlemen having papers to present not referable to the sections, will send as above, without delay, to THOMAS F. ROCHESTER,
Chairman of Committee of Arrangements, Buffalo, N. Y.

Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons.

The third annual session will be held at the Asylum for Idiots (Dr. H. B. Wilbur's), Syracuse, on Saturday, June 8th, 1878, at 9 A.M.

The following papers will be presented and discussed:—

1. "The Relation of Speech or Language to Idiocy," Dr. H. B. Wilbur, Syracuse.
2. "The Laws of Heredity as defined in the conditions of Idiocy and Imbecility," Dr. G. A. Doren, Columbus, Ohio.
3. "The Brain; Relation of Function to Organization or Development," Dr. D. A. Morse, Columbus.
4. "The Recent Progress in the Treatment of Idiots," Dr. E. Seguin, New York.
5. "Education of the Imbecile," Dr. O. W. Archibald, Iowa.

The appointment for Saturday, June 8th, is made, so that members who desire may attend the American Medical Association at Buffalo, and return from thence, after the adjournment, to Syracuse, on Friday, June 7th.

The meeting of our Association will hold over the following Monday.

ISAAC N. KERLIN, *Secretary.*

Association of American Medical Editors.

The regular annual meeting of this Association will be held on Monday evening, June 3d, 1878, at the Tifft House, Buffalo, N. Y. All editors of American medical journals are eligible for membership, and are cordially invited to be present and participate in the meeting. Address by President J. G. Gray, on "Lunacy Laws."

F. H. DAVIS, M. D., *Per. Secretary.*

International Hygienic Congress.

Among the numerous international assemblages which are being organized for the forthcoming Paris Exhibition, there is one bearing the above title, which, it is stated, is founded under the patronage of the French government, Professors Bouchardat and Gubler being among its chief promoters. A long programme of the subjects to be discussed during the first fortnight in August has been printed by several of the Paris journals.

Personal.

—A correspondent writes that Mr. Griffin, whom we referred to on page 360, was born in Simsbury, once a part of Granby, Hartford county, Conn. Connecticut keeps a record of births. Chedorlaomer Griffin is the son of Nathaniel Griffin and Abigail, his wife, and was born the 22d day of April, 1774, and has now completed his 104th year. The record at Simsbury is open to any one who wishes to consult it, and may be depended on.

Items.

—Correction. In the prescription for salicylic acid on page 358, the dose should read one tablespoonful instead of one teaspoonful.

—An epidemic, of what character is not stated, is raging in Medellin, Isthmus of Panama. Many are dying, wanting proper attendance.

—The committees of the small-pox asylums report that the disease is epidemic in England, as strong as it was a year ago, there now being 850 cases.

QUERIES AND REPLIES.

Ethics.

MR. EDITOR:—Is it a violation of the Code of Ethics for physicians to bid against each other for pauper or poor practice, by entering into competitive bidding, at the request of boards of supervisors, or those whose duty it is to furnish medical and surgical aid in such cases? J. W.
Clinton, Ill.

Ans.—It is not a violation of the Code of Ethics, but it is a proceeding injurious to the good standing of the profession.

MARRIAGES.

O'NEAL—HAY.—On the 23d ultimo, at the residence of the bride's parents, in Philadelphia, by the Rev. W. H. Munroe, Walter H. O'Neal, M.D., of Gettysburg, Pa., and Martha A., third daughter of Alexander Hay, Esq.

TOWNSEND—BRISBANE.—In Philadelphia, on the 23d ultimo, at the Church of the Holy Trinity, by the Rt. Rev. William Bacon Stevens, D.D., LL.D., assisted by Rev. William Suddards, D.D., Dr. Eugene Townsend and Ellen B., daughter of Dr. William Brisbane, of this city.]

DEATHS.

ADGATE.—In East Hardwick, Vt., April 17th, Mary Fisk, wife of Dr. L. W. Adgate.

JONES.—April 22d, at the residence of her husband, J. F. Jones, in Wayne Tp., Armstrong Co., Pa., Mrs. Elizabeth Jones, aged forty-four years, two months, and one day.

ROOSA.—In New York, on Thursday evening, 9th instant, at her late residence, No. 20 East Thirtieth street, Mary Hoyt Blake, wife of Dr. D. B. St. John Roosa, and daughter of Stephen M. Blake, of this city.

TEMPLE.—In Sadawga, Vt., April 12th, Dr. Cyrus Temple, aged forty-nine years.

WOOD.—In Brattleboro, Vermont, April 5th, Dr. George Wood, aged seventy-nine years, and seven months.